June 28, 2006

To: Subcommittee on Criminal Justice, Drug Policy and Human Resources
Committee on Governmental Reform
Washington, D.C.

Re: Testimony of Richard A. Rawson, Ph.D.
Associate Director
UCLA Integrated Substance Abuse Programs

Representative Souter and Members of the Committee:

My name is Richard Rawson, and I am currently an Associate Professor in the School of Medicine at UCLA. I have worked in the field of drug abuse treatment and research for 31 years. Over that time, I have studied and treated thousands of individuals addicted to alcohol, heroin, cocaine, PCP, and other drugs. In 1986, the non-profit treatment organization I helped establish, the Matrix Institute on Addictions, opened an outpatient clinic in San Bernardino County, California, at the request of the San Bernardino Health Department to address their already serious problems with methamphetamine dependence. In the subsequent 20 years, we have treated over 6,000 adult methamphetamine users in that clinic alone and another 5,000 adults in our network of four other clinics in Southern California. In addition, during this time we have treated almost 400 adolescents admitted to treatment with diagnoses of methamphetamine abuse or dependence. I currently do a great deal of training on methamphetamine all over the United States, and two months ago, I participated in a 2-day meeting at the United Nations Office on Drugs and Crime in Vienna on the extent and impact of methamphetamine problems around the world.

Over the past 20-plus years, many of the small- and medium-sized communities I have visited have seen their criminal justice, social welfare, and health systems overwhelmed by the problems presented by individuals addicted to methamphetamine. Many of the professionals working in these settings were not ready for this influx of severely addicted methamphetamine addicts. Methamphetamine users frequently enter treatment with severe problems. They often are psychotic, paranoid, and severely depressed. They have severe memory problems, have difficulty making rational decisions, and have very long-lasting anhedonia, or the inability to experience pleasure. They have many dental, medical, vocational, legal, and family problems. Many are infected with hepatitis C (in the Mountain West that is a particularly serious problem) and increasing numbers are being infected with HIV. We also know that their brains have been seriously impacted by the effects of methamphetamine.

Many of the substance abuse treatment agencies that responded to the needs of these patients felt under siege. They weren't sure if these people should be put on psychiatric medication, put into psychiatric hospitals, put into long-term rehabilitation centers, or treated with standard treatments for alcoholism and marijuana abuse. In many communities, there was inadequate funding to provide enough treatment services to meet the needs of these patients, and in virtually all communities there was far too little training in effective treatment strategies. In some places and with some groups, this has led people to believe that treating methamphetamine users is a futile endeavor. One of my main goals here today is to dispel that misinformation.

During the past 15 years at UCLA, my colleagues and I have conducted an extensive amount of research on many aspects of methamphetamine. We have conducted brain imaging studies examining the impact of methamphetamine on the brain, we have explored the usefulness of almost a dozen medications for treating methamphetamine users, and we are involved in studies on the effects of prenatal exposure to methamphetamine and the impact of methamphetamine on drug endangered children, to name a few. We have been especially interested in determining if methamphetamine addicts can be successfully treated and what treatments work best.

We have examined numerous strategies for treating methamphetamine users, including cognitive behavioral therapy, contingency management (positive reward strategies), and the Matrix Model package of outpatient strategies we adapted from the research literature. In the largest of these trials, which was funded by the Center for Substance Abuse Treatment (CSAT), we admitted over 1,000 individuals into treatment in eight clinic sites in the Western United States, including a site in Billings, Montana. This, the largest study conducted to date on methamphetamine treatment, as well as several other studies we have conducted, provide strong support for the benefits provided by treatment when delivered by properly trained and funded treatment organizations.

More specifically, we found in the CSAT-funded evaluation of the Matrix Model that over half of the individuals we admitted were women, with a significant percentage being Hispanic, Asian Pacific Islanders, and Native Americans. The results showed that with the proper treatment strategies, we could engage and retain almost 60% of the individuals in outpatient treatment for over 8 weeks. During the time individuals were in treatment, over 85% of their urine tests were negative for methamphetamine and other drugs. During in-person follow-up interviews at 6 and 12 months post admission, we collected urine samples under observation and found that between 60% and 66% of participants were methamphetamine-free and doing well in recovery (we were able to locate and interview over 80% of the study participants). In addition, we found very substantial reductions in marijuana and alcohol use, improvements in psychiatric status, improvements in family functioning, improvements in employment, and decreases in criminal justice system involvement (arrest and incarceration). One particularly interesting finding was that our best treatment response came from the one site where the study was conducted in a drug court setting. These data and our experience at Matrix, where we provide treatment for a drug court, suggest that drug courts are highly effective with methamphetamine users. We also have conducted other studies with funding from NIDA, evaluating some of the individual techniques within the Matrix Model (cognitive behavioral therapy, relapse prevention, and contingency management), and we have published very encouraging results from each one.

The perception that methamphetamine users do not respond to treatment or that they respond more poorly than other categories of drug users, has no evidence that we can find. In fact, all data suggest that methamphetamine users' treatment response is comparable to that of cocaine users. Cocaine users are an appropriate comparison condition since both drugs are stimulants and the treatment options are identical. In two studies conducted at UCLA, we have examined the treatment response of cocaine users and methamphetamine users treated in identical treatment settings, with identical treatment protocols, and by the same staff at the same time period. These studies employed the Matrix Model, cognitive behavioral therapy, and contingency management techniques. In all cases, the treatment response of patients treated with these methods was virtually identical. Compared to cocaine users, methamphetamine users completed treatment at equal rates, demonstrated the same amount of drug use during treatment, and had almost identical responses as measured by all other indicators. Similarly, our group at UCLA manages the treatment outcome system for the more than 300 treatment programs in Los Angeles County. We have analyzed the treatment outcomes from these data over the past year with over 15,000 individuals, comparing methamphetamine and cocaine users, and again have found their treatment response to be virtually identical. These findings have also been supported in data sets from the California Alcohol and Drug Data System and from a study by Jim Sorenson, Ph.D., and colleagues in San Francisco.

All empirical evidence we have been able to collect, from research studies such as the ones I just referred to, as well as from data from large state and county treatment systems, suggests that properly trained and funded treatment programs can effectively provide treatment that works for methamphetamine users. We know that recovering methamphetamine users need to be involved in treatment for an extended period to allow their brains to recover and to get their lives reestablished. Properly funded and trained treatment programs can be extremely valuable community resources to help these individuals regain their ability to be useful and productive citizens. Treatment works and works well for people addicted to methamphetamine.